

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

---

In the Matter of CORAZON J. MAPOY and U.S. POSTAL SERVICE,  
AIRPORT MAIL FACILITY, JOHN F. KENNEDY AIRPORT, N.Y.

*Docket No. 96-722; Submitted on the Record;  
Issued January 7, 1998*

---

DECISION and ORDER

Before MICHAEL J. WALSH, WILLIE T.C. THOMAS,  
A. PETER KANJORSKI

The issue is whether appellant has established that her herniated disc in her cervical spine and carpal tunnel syndrome in her left upper extremity are causally related to factors of her employment.

On May 18, 1995 appellant, then a 51-year-old staff occupational health nurse, filed a notice of occupational disease and claim for compensation (Form CA-2) alleging that on April 25, 1995 she first realized that her "herniated disc in cervical spine and carpal tunnel in left upper extremity" were caused or aggravated by her employment. Appellant stopped work on October 20, 1994 and has not returned to work. The employing establishment contested the claim.

In a report dated March 17, 1995, Dr. M. Chris Overby, a Board-certified, neurological surgeon, diagnosed cervical spondylosis with questionable left side radiculopathy. Dr. Overby noted the following history of appellant's disability:

"This is a fifty year old woman who works as a nurse at [the employing establishment] who, without real exacerbating event, noted in October, 1994 left sided neck pain. She awoke one day with a stiff neck. This has been relieved somewhat with physical therapy. She has radiating left upper extremity pain which radiates from the left neck down the left upper extremity to the level of the wrist with occasional numbness and tingling paresthesias of the last three digits of the left hand."

In a report dated November 2, 1994, Dr. Paul Lerner, a Board-certified neurologist, noted that appellant "seems to be suffering from a strain of the cervical spine with a history consistent with a radiculopathic process that is now resolving." Dr. Lerner noted the following history:

“she is a 50 year old right handed woman that complains of left sided neck pain which radiates into the left arm for the past six months. Over the last month her symptoms have become increasingly worse with difficulty in turning the head to both the left and right and difficulty in extending the neck. She claims that her left arm and hand have become increasingly weak and she has intermittent numbness in her left hand.”

In a report dated May 8, 1995, Dr. Carlisle L. St. Martin diagnosed three levels of herniations in the cervical spine as shown by her magnetic resonance imaging (MRI) tests. Dr. St. Martin opined that “[I]f the patient has carpal tunnel this is probably something that is work related” and “I have asked her to consider filing compensation in reference to the carpal tunnel, to see if they will accept the cervical disc since she has no other history of any trauma to her neck. This might be done over the years because of the type of work she has done.”

In a report dated June 16, 1995, Dr. Daniel J. Feuer, a Board-certified psychiatrist and neurologist, diagnosed cervical spine and opined that, “[I]f the history as stated by claimant is accurate, a causal relationship may exist between the claimant’s complaints and her lifting injury of October 1994.”

In a letter dated June 19, 1995, the Office of Workers’ Compensation Programs advised appellant of the deficiencies in her claim for carpal tunnel syndrome. The Office requested appellant to submit a comprehensive medical report from her treating physician explaining how her carpal tunnel syndrome is related to factors of her federal employment. The Office requested appellant to submit the additional information within 30 days.

In a decision dated November 24, 1995, the Office denied appellant’s claim on the grounds that the evidence did not establish fact of injury. In an accompanying memorandum to the Director, incorporated by reference, the Office found that the medical evidence submitted by appellant failed to establish that her diagnosed condition was caused or aggravated by factors of her federal employment.

The Board finds that appellant has not established that her herniated disc in her cervical spine and carpal tunnel syndrome in her left upper extremity are causally related to factors of her employment.

An employee seeking benefits under the Federal Employees’ Compensation Act<sup>1</sup> has the burden of establishing the essential elements of his claim, including the fact that an injury was sustained in the performance of duty as alleged, and that any disability and/or specific condition for which compensation is claimed are causally related to the employment injury.<sup>2</sup>

To establish that an injury was sustained in the performance of duty in an occupational disease claim, a claimant must submit the following: (1) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed; (2) a

---

<sup>1</sup> 5 U.S.C. § 8101 *et. seq.*

<sup>2</sup> *Elaine Pendleton*, 40 ECAB 1143, 1145 (1989).

factual statement identifying the employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; and (3) medical evidence establishing that the employment factors identified by the claimant were the proximate cause of the condition for which compensation is claimed or, stated differently, medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the claimant.<sup>3</sup> The medical evidence required to establish a causal relationship, generally, is rationalized medical opinion evidence.<sup>4</sup> Rationalized medical opinion evidence is medical evidence which includes a physician's rationalized opinion on the issue of whether there is a causal relationship between the claimant's diagnosed condition and the implicated employment factors. The opinion of the physician must be based on a complete factual and medical background of the claimant,<sup>5</sup> must be one of reasonable medical certainty,<sup>6</sup> and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and the specific employment factors identified by the claimant.<sup>7</sup> The mere fact that a condition manifests itself during a period of employment does not raise an inference that there is a causal relationship between the two. Neither the fact that the condition became apparent during a period of employment, nor the belief of appellant that the condition was caused by or aggravated by employment conditions is sufficient to establish causal relation.<sup>8</sup>

In this case, appellant has submitted medical evidence indicating that she has herniated discs in her cervical spine and possible carpal tunnel. However, she has not submitted rationalized medical evidence addressing how and why any specific medical condition would be caused or aggravated by employment factors. In his March 17, 1995 report, Dr. Overby diagnosed cervical spondylosis with questionable left side radiculopathy and that appellant noted left sided neck pain in October 1994. Dr. Lerner, in his report dated November 2, 1994, diagnosed strain of the cervical spine and that appellant had been complaining of left sided neck pain radiating into her left arm for the past six months. In a March 8, 1995 report, Dr. St. Martin diagnosed herniations in the cervical spine. Dr. St. Martin also opined that if appellant had carpal tunnel syndrome that it is probably work related. He also recommended that appellant consider filing a compensation claim for the carpal tunnel and to see if the employing establishment would accept the cervical disc as she has no other history of trauma to her neck. Dr. Feuer, in a report dated June 16, 1995, diagnosed a cervical spine and a possible causal relationship between her complaints and a lifting injury of October 1994. None of the medical

---

<sup>3</sup> *Jerry D. Osterman*, 46 ECAB \_\_\_\_ (Docket No. 93-1777, issued February 2, 1995); *see also Victor J. Woodhams*, 41 ECAB 345, 352 (1989).

<sup>4</sup> The Board has held that in certain cases, where the causal connection is so obvious, expert medical testimony may be dispensed with to establish a claim; *see Naomi A. Lilly*, 10 ECAB 560, 572-73 (1959). The instant case, however, is not a case of obvious causal connection.

<sup>5</sup> *William Nimitz, Jr.*, 30 ECAB 567, 570 (1979).

<sup>6</sup> *See Morris Scanlon*, 11 ECAB 384-85 (1960).

<sup>7</sup> *See Manual Garcia*, 37 ECAB 767, 773 (1986); *Juanita C. Rogers*, 34 ECAB 544, 546 (1983).

<sup>8</sup> *John T. Bering*, 46 ECAB \_\_\_\_ (Docket No. 93-53, issued October 20, 1993).

evidence submitted by appellant addresses how appellant's employment factors have caused or aggravated her disability.

An award of compensation may not be based upon surmise, conjecture or speculation or upon appellant's belief that there is a causal relationship between her condition and her employment.<sup>9</sup> To establish causal relationship, appellant must submit a physician's report in which the physician reviews the employment factors identified by appellant as causing her condition and taking these factors into consideration as well as findings upon examination of appellant and her medical history, state with medical rationale how these employment factors caused or aggravated appellant's diagnosed condition. Appellant failed to submit such evidence and therefore failed to discharge her burden of proof.

The decision of the Office of Workers' Compensation Programs dated November 24, 1995 is hereby affirmed.

Dated, Washington, D.C.  
January 7, 1998

Michael J. Walsh  
Chairman

Willie T.C. Thomas  
Alternate Member

A. Peter Kanjorski  
Alternate Member

---

<sup>9</sup> *Donald W. Long*, 41 ECAB 142, 146 (1989).